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MAR 29 2006

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02/09/2006

SCHWABE, WILLIAMSON & WYATT, P.C.
 PACWEST CENTER, SUITE 1900
 1211 SW FIFTH AVENUE
 PORTLAND, OR 97204
 03/30/2006 WABDEL3 00000061 10036811

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Yvette L. Chriscaden (Depositor's name)
 Yvette L. Chriscaden (Signature)
 3/27/2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/036,811	12/31/2001	Richard A. Van Koningsveld	110215-131398	5308

TITLE OF INVENTION: MULTI-VARIATE DATA AND RELATED PRESENTATION AND ANALYSIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	05/09/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAHMJOO, MANUCHER	2676	345-440000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Schwabe, Williamson
 & Wyatt, P.C./

1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

PolynaryThink, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Seattle, WA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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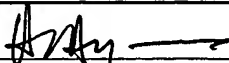
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500393 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date

3/27/06

Typed or printed name

Al AuYeung

Registration No.

35,432

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